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FEC MAIL CENTER

Restore A Free America Pac P.O. Box 5267 West Hills, CA 91308-5267

September 12, 20114

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463 Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with The U.S. Court of Appeals for the District of Columbia Circuit decision in SpeachNow v. FEC, it therefore intends to raise funds in unlimited amounts. This Committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Anna Pearson, Treasurer

140M: 129 - 5160

STATEMENT OF

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FORM 1 ORGANIZATION			FEC MAIL CENTER Office Use Only		
NAME OF COMMITTEE (in	ı fuli)	(Check if name is changed)	Example: If typin over the lines.	g, type 12FE4	M5
REISITIOIRIE	<u> </u>	FREE AMERI	ICA PAC		
	1 1 1	 			
ADDRESS (number a	nd street)	7,945 ISIAUS	ALITO	AIVELLL	
(Check if address is changed)					
		WESITI HILLL	<u>-151 1 1 1 1 1 1 1 1 1 </u>	L CA	9,13041-14,6,1,3
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only one	e-mail address)		
(Check if	address	Chiriis @ rie	storieaq	rieieiameiri	Car. COM
(Check if address is changed)					
COMMITTEE'S WEB	PAGE AD	DRESS (URL)			
			reafire	etatme riico	4.1COM1
(Check if addres is changed)		1	•		1
2. DATE 0	9 ' 1	2 2014	 	 1	
3. FEC IDENTIFIC	CATION N	UMBER C	المستقدية المستقدية		
4. IS THIS STATE	MENT V	NEW (N) OR	AMEN	DED (A)	
I certify that I have	examined t	his Statement and to the bea	st of my knowledge	and belief it is true, co	rrect and complete.
Type or Print Name	of Treasure	ANNA PEA	RSON		
Signature of Treasur	er 🗡	Weaks	,on	Date	09 12 2014
NOTE: Submission of	false, erron	eous, or incomplete information			nt to the penalties of 2 U.S.C. §437g. AYS.
Office Use Only					FEC FORM 1 (Revised 02/2009)

	FEC For	rm 1 (Revised 02/2009)	Page 2
j.	TYPE OF C		
	(a)	 Committee: This committee is a principal campaign committee. (Complete the candidate information below 	w)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co	
	Name of	information below.)	
	Candidate		
	Candidate Party Affiliation	on Coffice Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com		(Domografia
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) V	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	-	Iraising Representative:	
	(9)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	1 02/2009)		Page 3
Write or Type Committee Na	ne 4 FREE AMERICA PA	iC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
 Custodian of Records: it books and records. 	lentify by name, address (phone number optiona	al) and position of the p	person in possession of committee
Full Name CHR	15 KOLSKI		
Mailing Address	P. D. BOX 5267		
	WESITI HULLS	CA	19,13,0,81-15,2,6,7
Title or Position	CITY	STATE	ZIP CODE
PRESIDENT	Т	lephone number $\boxed{2}$	1.81-18.3.61-16.0.10
Treasurer: List the name any designated agent (e.g., agent)	and address (phone number optional) of the treat, assistant treasurer).	asurer of the committee	e; and the name and address of
Full Name of Treasurer	A PEARSON		
Mailing Address	P. D. BOX 5267		
	WEST HILLS CITY	CA STATE	9,1,3,0,8]-[526,7] ZIP CODE
Title or Position	<u></u>	lephone number $\crewit{f g}$	181-14301-116971

CITY

STATE

ZIP CODE

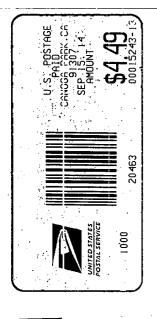
Name of Bank, Depository, etc.

Mailing Address

ESTORE A FREE AMERICA PAC est Hills, CA 91308-5267

O. Box 5267





PEDERAL FLECTION COMMISSION Washington, D.C. 20463 999 E. STREET, N.W.

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T/A PREPARER	9/14/2014 DATE PREPARED				
(8/2013)	DATE PREPARED				